ATTORNEY DOCKET NO.: P-8027

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

PATENT	
Total Pages	

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: BOZIDAR FEREK-PETRIC SYSTEM FOR REMOTE COMMUNICATION WITH A MEDICAL DEVICE Ü Commissioner for Patents TENT APPLICATION ingioner of Patents and Trademarks We are transmitting herewith the attached: **Patent Application Transmittal** Х X Specification: Total pages: 28 (including claims and abstract:Spec. 22 sheets; Claims 5 sheets; Abstract -1 sheet. X Drawings: Total sheets: 14 ☐ formal Combined Declaration and Power of Attorney: UNSIGNED copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or above is considered as being part of the disclosure of the accompanying application and declaration is supplied is hereby incorporated by reference therein. Accompanying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet of prior application Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard **IF A CONTINUING APPLICATION:** Continuation-in-part (CIP) Continuation Divisional of prior application No. Amend the specification by inserting before the first line the sentence: This application is a  $\square$  continuation continuation in part of application number \_\_\_\_\_, filed\_ of the prior application before calculating the filing fee. Cancel in this application original claims (At least the original independent claim must be retained for filing purposes.) The prior application is assigned of record to Medtronic, Inc. The Power of Attorney in the prior application is to: Medtronic, Inc.

	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed				
x	Address all future correspondence to:	Michael J. Jaro, Reg. No. 34,472  Medtronic, Inc., MS 301  7000 Central Avenue NE  Minneapolis, Minnesota 55432			
		Telephone: (612)514-3279			

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee		No. of Extra Claims	Rate	Fee
Total Claims	35	20	=	, 15	x 18	\$270
Independent Claims	02	03	=	00	× 78	\$
Multiple Dependent Claims					+ 260	
Basic Filing Fee						\$ 760
					TOTAL	\$1030

Charge Deposit Account No. 13-2546 the sum of \$1030.00 (Filing Fee) for a total of \$1030.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Claims

Basic Filing Fee

X
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